

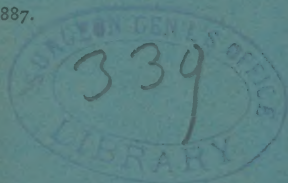
REESE, (J. J.) *ac*

SUICIDE

IN ITS

RELATION TO INSANITY.

AN ADDRESS DELIVERED BEFORE THE MEDICAL
JURISPRUDENCE SOCIETY OF PHILADELPHIA,
DECEMBER 13TH, 1887.



BY

JOHN J. REESE, M.D.,

PROFESSOR OF MEDICAL JURISPRUDENCE AND TOXICOLOGY IN THE
UNIVERSITY OF PENNSYLVANIA.

presented by author

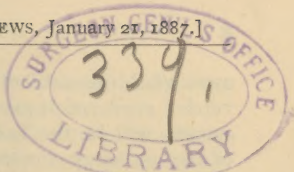
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SUICIDE IN ITS RELATION TO INSANITY.

*An Address delivered before the Medical Jurisprudence Society
of Philadelphia, December 13, 1887.*

BY JOHN J. REESE, M.D., ✓

PROFESSOR OF MEDICAL JURISPRUDENCE AND TOXICOLOGY IN THE
UNIVERSITY OF PENNSYLVANIA.

THE alarming increase of cases of suicide within the past few years, especially in this country, calls for the serious consideration not only of the philanthropist, but also of the medical jurist. Indeed, the medico-legal considerations connected with this subject are not only interesting to the student of legal medicine, but they involve questions of the deepest significance, which not infrequently claim the attention of our courts of law, and enlist the best talent of both the legal and medical professions.

This subject of suicide presents numerous phases for examination which are interesting and instructive for us as medical jurists; but I propose to limit myself to the discussion of a single one of them, viz., the relation of suicide to insanity in its medico-legal aspects. Does, or does not, the act of self-destruction always presuppose the existence of insanity? Or, in other words, is suicide to be regarded always as evidence of a deranged mind? The settlement of this question touches some of the

most vital interests of society, and according as the verdict rendered is yea or nay, in any particular case of suicide, will be the feeling of the survivors that the act of the unhappy victim was an irresponsible one, and therefore guiltless, or that it was truly a case of voluntary, conscious self-murder, with all its appalling guilt and tremendous consequences!

I have no doubt that in the average mind, especially the unprofessional mind, there is a strong conviction that suicide is very generally—if not always—the result of an insane impulse; that no person in his, or her, sober senses could possibly commit such a terrible act as self-destruction; and therefore that the act itself is conclusive evidence of insanity. “This doctrine,” as has been remarked by another, “popularly finds expression in the verdicts of coroner’s juries, who, desirous of respecting the feeling of surviving relatives and friends, usually return the stereotyped verdict of ‘suicide while laboring under temporary aberration of mind.’” Indeed, are we not told on the highest authority that “All that a man hath will he give for his life?” Can it then be supposed that a human being, in a rational state of mind, will voluntarily throw away that which is so precious to him, and rush unbidden into the uncertainties of an unknown world? In a recent discussion on this subject before the New York Medico-legal Society, one of the members, a medical gentleman, maintained very decidedly that suicide is a *disease*, and should, therefore, be regarded as irresponsible.

It will be my purpose in this paper to show that while in many, possibly in the majority of cases, the act of suicide may be traceable to a deranged intellect, still there are instances, not a few, which cannot be explained in this manner; but which must be attributed simply to the firm, deliberate purpose and intention of the individual,—the mind acting throughout in a perfectly rational,

intelligent manner, and the will influenced by motives sufficiently cogent to impel to the fatal act.

I would ask your attention to two distinct propositions: First, that suicide is, unquestionably, very often the direct consequence of insanity; and, secondly, that suicide is also frequently to be ascribed to the calm, deliberate determination of a perfectly sane individual. These two propositions, although seeming contradictory and opposite, are not so in reality, as will be seen as we view the subject from different standpoints.

The first of these propositions, viz., that suicide is often directly the result of insanity, is so palpable as scarcely to require proof. Every practitioner of medicine can testify to multitudes of such unhappy cases, the result either of the delirium of acute fever or cerebral inflammation, or of chronic morbid melancholia. Indeed, he well knows that in the last named variety of insanity, the *suicidal propensity*, as it is called, is a symptom demanding the most unwearied watchfulness on the part of the attendants.

It may be as well to notice here that this "suicidal impulse" sometimes displays itself very suddenly, and without any apparent previous warning; whilst at other times it assumes the form of a delusion or hallucination, which, like an invisible spirit, may haunt the unhappy victim for months or years. A well known striking instance of the former is related by Sir C. Bell: "One of the surgeons of the Middlesex Hospital was in the habit of going every morning to be shaved by a barber in the neighborhood, who was known as a steady, industrious man. One morning, the surgeon was conversing with the barber about an attempt at suicide that had recently occurred; and the surgeon observed that the man had not cut his throat in the right place. The barber then inquired casually where the cut should have been made? The surgeon pointed out on his own neck the situation

of the carotid artery. The barber, in a few minutes, retired to the back of his shop, and there cut his throat with the razor with which he had been shaving the surgeon. He had wounded the carotid artery in the place indicated by the surgeon, and died before any assistance could be rendered to him." As is properly remarked by the relator, "although this act was quite sudden and unexpected, it may have been only the final result of a delusion which had long existed, concealed from others in the mind of the man—just as the sight of a weapon has often led to its use for the purposes of suicide."

I do not myself believe that this "suicidal impulse" ever manifests itself suddenly, and for the first time in a person of a perfectly normal mental calibre—like a flash of lightning out of a clear mid-day sky. I cannot but think that if the history of the individual be carefully traced, there will generally be discovered some evidences of antecedent, latent mental aberration, either inherited or acquired.

As regards those cases of "suicidal impulse" of a more chronic nature, such as are so frequently seen in melancholia, I need only to allude to them here, in passing. Of course, there can be no question about all such cases being directly attributable to insanity.

Let us next examine the second proposition, viz., that suicide is not necessarily evidence of insanity, but that cases do occur, not unfrequently, where the act of self-destruction was the result of a calm, deliberate determination, based on sufficient motives, and executed for a special purpose. And here, let me say a word or two about *motive*, as an important factor in determining any case of alleged insanity. If we desire to form a correct estimate of a certain action or line of conduct, we usually endeavor to ascertain the *motives* which prompted thereto. The *motiveless* character of a particular act is generally regarded as strong evidence of a deficiency of mental

capacity; and it is constantly urged by counsel before the jury, as a very strong proof of mental unsoundness on the part of a client, whom he is laboring to defend. Unquestionably, there is much truth in this proposition, as far as it goes; but before assenting to it universally, or unconditionally, we should first set about to discover whether under the *apparent* want of motive, there may not have lain, deep down in concealment from every human eye, and scarcely recognizable by the individual himself, a motive, sufficiently powerful *in that particular person*, to instigate to just such a criminal act as the one for which he is now undergoing trial. Professor Casper justly remarks that we are very apt to be misled in our interpretation of criminal acts, by our false notions about the *apparent* want of motive in the criminal. I beg you to notice this point particularly. "It is undoubtedly true that a motive to any deed may exist for one person, under the power of which he is urged on, which would be wholly inoperative in a hundred other cases. To recognize this, however, the inquirer must in every case place himself in the position of the culprit, and divest himself of his own ideas for the time being." There is great force in these words of Casper. This distinguished authority gives us two illustrations of his meaning, taken from the two extremes of social life. One of them, an utterly depraved character, had run a life-long reckless course, and had committed offences for which he had often been imprisoned. This abandoned man is by chance thrown in company with another tramp, who happens to display before his eyes a trifling sum of money—a few coins. The criminal is seized with the desire of possessing this money, and to gratify this desire he will not scruple to murder his fellow. The other instance is that of a young military officer of high birth, and higher spirit, who, while walking in the public park, among a company of ladies and gentlemen, is suddenly

assaulted in the grossest manner by a blow in the face, by some low, abusive fellow. Transported with rage beyond endurance, he draws a pistol, and shoots his assailant dead, or runs him through with his sword.

Now, here we have two criminals, each of whom has committed the terrible crime of homicide; and how are we to interpret these different acts? On their trial, their counsel might probably urge the plea of temporary insanity, based upon the want of sufficient motive for the commission of so grave an offence, under such apparently insufficient inducement. And doubtless, had these two culprits exchanged places, the *motive* actuating each would have changed also, and the result would not have been so tragic. "For," as he remarks, "it need hardly be supposed that the young, educated officer would have been tempted to commit murder merely to obtain possession of a few insignificant coins; nor, on the other hand, that the first-mentioned criminal would have possessed so touchy a sense of honor, as not to be able to cool his wrath, and satisfy it with his fists alone, without deeming it necessary to kill his antagonist."

These illustrations, although pertaining to homicide, are equally applicable to cases of suicide. Let us not, then, be too hasty in ignoring the existence of *motive* in cases of criminal nature, whether of homicide or suicide, even though we ourselves may not be able to fathom that motive in the other, nor indeed even to conceive of its existence. I think I am perfectly safe in assuming that we may regard the presence or absence of motive—of *real* motive—as the pivot, so to speak, on which will hinge the decision as to whether any one particular act of suicide was, or was not, the result of insanity. You will observe, I say, the existence of *real* motive. It is not necessary that it should be such a motive as would influence you or me, *in our present circumstances*; but a motive sufficiently constraining *under the particular cir-*

cumstance in which the individual was placed in that special crisis of his life.

To take a very common and familiar illustration: A person in good social position, who has always enjoyed the confidence and respect of the community, has for years been secretly defrauding his employer, or his wards, of large sums of money, until concealment is no longer possible, and the terrible revelation is about to be made of the utter financial ruin of his unsuspecting victims. He foresees the near approach of the crisis which he too well knows must unmask his hypocrisy, and expose him to the just indignation of the world, and drag him down to the felon's doom. Shall he quietly wait for the avenging sword to fall upon his devoted head, or shall he not rather save himself from the dreadful exposure, with all its awful consequences, by a swift but deliberate act of self-destruction? Now try this case by our touchstone of *motive*. Will any one say that there was not motive sufficient here to account for the suicide? There was no hallucination, nor delusion of mind interfering with the man's reasoning processes, or preventing the free exercise of his volition. The motive was based on a reality, on a real estimate of his position and its consequences. Of the two great evils, loss of honor or loss of life, he deliberately chose what he considered the less, and so died by his own hand. Certainly we cannot ascribe such a suicide to insanity! Do any of us believe for a moment, that the anarchists of Chicago, who have so lately met their doom, would not gladly have forestalled their well-merited execution by a dynamite or other suicide, if only the means had been granted them,—as in truth it was in one instance? And in precisely the same category would I place those cases of self-destruction following loss of honor, loss of property, loss of employment, mortified pride, disappointed love, disappointed ambition, remorse, and other kindred causes. Take away from the wretched

ones of earth all belief in the existence of God, and of a future state of retribution, and what, I ask, is to hinder them from putting a speedy end to all their sorrows and disappointments?

I know very well that some will urge that all such individuals have been driven into temporary insanity by their various sorrows, disappointments, losses and afflictions; and that the suicidal act was committed while under this temporary insane delusion. The reply to this apparently valid, though really specious, objection is, that it is "begging the question" to assume the very thing required to be proved. Such a line of argument would equally excuse any, and every act of violence inflicted upon another, upon a similar plea of insanity.

It may not, perhaps, be amiss to fortify this second proposition, that suicide is frequently *not* the result of insanity, by an appeal to history, ancient and modern, sacred and profane. It is well known that in the highest civilization of ancient Greece and Rome, the Stoic and Epicurean philosophy maintained not only the lawfulness of suicide, but openly taught that it was preferable to great pain and disgrace; and in accordance with this universally prevalent doctrine, the wisest and most illustrious men of that age killed themselves, rather than be dishonored, or suffer pain. Thus Zeno, the founder of the Stoics, hanged himself, in his ninety-eighth year, rather than endure the pain and inconvenience of a dislocated joint. The generals, Mithridates, Hannibal, Themistocles, Mark Antony, Brutus and Cassius, all sought a similar death, after being defeated in battle. Demosthenes, Cato of Utica, Seneca and Cleopatra believed in suicide, and practised it.

Sacred history affords us many examples of voluntary self-destruction in the persons of king Saul of Israel; of the mighty Samson; of Ahithophel, king David's trusted counsellor; and of the traitor Judas. No one, for a mo-

ment, would think of ascribing any of the above instances of suicide to insanity. Certainly, those concerned, comprising philosophers, statesmen, generals and commoners, were persons of no mean order of intelligence.

In more modern times, there have not been wanting persons of brilliant intellect, though of sceptical belief, who have openly advocated both the lawfulness, and the desirableness of suicide; among whom I may mention Rousseau, Gibbon, Hume, Mme. de Stäel, Montaigne and Montesquieu. However we may condemn the doctrines of these people, we cannot surely ascribe their false opinions to any want of intellect, since we well know that they shone as stars of the first magnitude in the literary and social circles of the age.

Even in our own time, in some of the Oriental countries, the practice of self-immolation still prevails to a certain extent. The custom of the Hindoo widow burning herself upon the funeral-pyre of her husband, I believe still lingers in certain parts of India; and the singular custom of *hari-kari* is scarcely yet abolished in Japan.

The benignant influence of the Christian religion, as it gradually spread over the world, had the effect of working a radical change in the popular sentiment as regards suicide. The old heathenish notion of its lawfulness was abandoned, and the practice came to be regarded as a *crime* of the first magnitude, and to be punished as such by the laws of the country. Indeed, so severe were the penalties annexed to this crime, as visited upon the person, the effects, and even the family of the *felo-de-se*, that a recoil of popular feeling took place against the barbarous and revolting laws of that age; and, as a consequence, the attempt was made, and gradually obtained a foothold, to ascribe such cases to the action of a disordered intellect, so as thus to avoid the imputation of crime.

The laws of the Church at this period were equally severe against the practice of suicide—regarding it as a crime of the highest magnitude, and refusing Christian burial to the bodies, and Christian consolation to the souls, of suicides.

Now, you will observe, that this very fact of suicide being regarded by the laws both of the Church and State as a *crime*, and to be punished accordingly, is a conclusive proof that these laws did not consider it as originating in insanity; otherwise such laws would be most monstrous and inhuman, inasmuch as insanity necessarily precludes all idea of responsibility. In England, scarce half a century has elapsed since the bodies of suicides were denied the right of Christian burial; and up to that same period the old practice still prevailed of burying the body of the suicide at the cross-roads, and thrusting a stake through it, in order to show the public detestation of the crime.

At the present day, this question of “the relation of suicide to insanity” most frequently presents itself in cases of life insurance, where there is a dispute about the payment of the policy to the heirs of the deceased, on the ground of his alleged death by suicide; and it very often occasions no little difficulty to the courts. Until within a few years past, it was the general practice of life insurance companies to insert in their policies a saving clause, exonerating them from payment in case the death of the assured was caused by his own hand; and making no distinction between a sane and an insane suicide. This was manifestly both unjust and unlawful, so far as the *insane* act of self-destruction is concerned; for most certainly, an individual should be held no more responsible for the loss of his life, whether he takes it by his own hand when impelled by the delusions of melancholia, or under the ravings of the delirium of a fever, or of cerebral inflammation, than if he dies from an ordinary disease, or

from an accident. If, on the other hand, it can be clearly shown that the assured, after placing enormous amounts of insurance money upon his life, in various offices, and making only one or two payments of the premiums, had put an end to his own life, in a perfectly intelligent manner, and evidently with the intent and design of benefiting others—and especially his own family—pecuniarily, by his death, then the question assumes altogether a different aspect. Neither justice nor equity could plead in his favor, in such a case. Undoubtedly, under such circumstances, the company should be exempted from payment, unless it can be clearly demonstrated that the individual was insane at the time when the act was committed.

I might detail many such cases, of considerable interest, to you, but I will be content with a bare allusion to two instances, both of them of very recent occurrence, and both remarkable for the large amounts of money involved. The one is the celebrated Dwight case, which occurred about two years ago at Binghamton, N. Y., involving several hundred thousand dollars of insurance money, in various offices. This case has been tried in the different courts, and we now hear that it has been recently compromised. The other case is that of Tyler, of Norwalk, Conn., which occurred within the present year. This man, having spent a fortune in profligate living, applied within the space of six months for an aggregate sum of \$400,000 of insurance on his life, having previously announced his intention to effect this large insurance for the benefit of his various creditors, and then to kill himself. By false statements to the offices to which he made application, he succeeded in his design. He then writes to his mother of his intention to take his life; after which, he comes to Philadelphia; from which city he again communicates to a friend his suicidal purpose, under an assumed name; and, finally, he returns to Norwalk, and is found in the morning dead in his bed, from an overdose of morphine,

leaving a memorandum upon his table. The majority of the insurance companies, I am informed, are defending their cases in the courts upon various grounds—amongst others, on that of conspiracy between the deceased and the creditors.

In each of the above cases, to which I have made brief allusion, there are certainly very strong reasons to suspect voluntary suicide to have been the true cause of death; and that, too, without the slightest suspicion of insanity on the part of the deceased.

You will notice a most significant fact in these, and in analogous cases, viz., that the insurance on the life of the person had been but lately effected, and usually for a considerable amount, and in various offices; and, further, that only one or two premiums had been paid before the suicidal death occurred.

Now, I do not think that we need be much surprised at such occurrences. Why should not such an individual, pressed down by the burden of some enormous debt, which he has been vainly hoping to pay, (if restrained by no belief in, or dread of, a future judgment)—why, I say, should he *not* embrace the tempting offer to insure his life for an amount which will not only repay his indebtedness, and rescue his name from dishonor, but at the same time save from poverty and want those whom he loves better than himself? Try this case, again, by the touchstone of “motive.” Why should not the spirit of self-sacrifice be as dominant in such a one, as in any of the cases that we have just been considering?

To quote the words of another: “The pelican which picks its own bleeding breast to nourish its savage young, has been adopted as the symbol and title of one of the largest life offices of Great Britain; and who shall speak other than reverently of that played-out rake, who took his own life, after liberally insuring it, in order, as he said, to enable his widow to start again with a younger

and more vigorous man?" Remember, I beg you, my simple object, in this line of argument, is not to enter a plea for the lawfulness of suicide, but simply to demonstrate that in none of such cases can the plea of insanity be urged as the true cause of the self-destruction.

Remember, moreover, that insanity alone is not by any means an all-sufficient excuse, in the eye of the law, for the commission of suicide, in a life-insurance case; but it must be proved that the suicide was not an *intelligent* act, and that it was produced by an insane impulse or delusion, which it was out of the power of the deceased to resist. The point at issue is—did the assured intend *freely* and *intelligently*, to destroy himself?—*intelligently*, *i. e.*, with his mind at the time unswayed by insane delusion? I pray you to observe the very important distinction between doing a thing *intentionally*, and doing it *intelligently*. The insane man, equally with the sane one, commits the act of self-destruction intentionally or knowingly, with the full purpose in view of terminating his existence; but he does not do it *intelligently*, with his mind in its normal equipoise, and "unswayed by an insane delusion."

A recent writer on this subject, the Hon. O. H. Palmer, of New York, to whom I am indebted for some of the points already noticed, says: "My experience for the past five years in the investigations of cases of suicide, has forced upon my mind the conclusion that but a comparatively small number of suicides, even in this country, is attributable to insanity."

I will close this paper with the mention of a few interesting statistics, connected with the subject of suicide.¹

¹ These have been derived mostly from a paper by Dr. John G. Lee, of this city, published in the Philadelphia Medical Times, June 12, 1886.

It appears that suicide occurs much more frequently among men than women: in England the proportion being about $2\frac{1}{2}$ to 1; and in France about 4 to 1. According to Brierre de Boismont, more than 100,000 Frenchmen have committed suicide since the beginning of the present century; the statistics for the single year 1876 show the number for that year to have been 5567, of whom 4435 were men, and 1132 women. Twenty-nine were men under 16 years; and ninety-eight over 80 years. In both countries, the numbers increased notably with the age. Thus, in France the number under 16 years amounted to one per cent.; between 30 and 40 years, to fourteen per cent.; between 50 and 60 years, to twenty per cent.; and over 60 years, to thirty per cent.

As regards *locality*, in both countries the proportion of suicidal deaths is vastly greater in the cities than in the rural districts. In the Department of the Seine (which includes the city of Paris) they amounted to one-sixth of the whole number.

As respects *occupations*, the statistics of the two countries show a considerable difference. In France, agricultural occupations represent 23 per cent.; laborers and mechanics, 28 per cent.; merchants, property owners and professional men, 12 to 13 per cent.; personal servants, 9 per cent. In England, the mortality from suicide was greatest among soldiers; and was higher among the educated classes than among those exposed to rough, out-of-door pursuits.

As regards the *manner of death*, in both countries hanging appeared to be the favorite method adopted; next come drowning, shooting, and poison. Military and naval men, and members of the legal and clerical professions seem to prefer death by firearms, whilst physicians, dentists, chemists, and photographers appear to select some one of the many poisons with which they are

familiar. Women usually show a preference for drowning, or poison.¹

Finally, as respects the different *causes* leading to suicide: in France, 25 per cent. are set down to illness and physical suffering; 31 per cent. are credited to insanity; 15 per cent. to family troubles; 16 per cent. are ascribed to dissipation and misconduct; 11 per cent. were directly traceable to alcoholism; 13 per cent. to financial embarrassment and poverty. In the above statement, it is worthy of note, as appertaining directly to the special subject of the present paper, that only 31 per cent. of the whole number of suicides—less than one-third—are credited to insanity.

¹ The statistics of the 98 suicidal deaths in the city of Philadelphia for the year 1887 indicate a preference for poison. The suicides are, poison, 27; hanging, 23; firearms, 21; the knife, 11; drowning, 7; other modes, 9.

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